

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097582170**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		(1)		1		
8		(1)		1		
9	1		1			
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		2		1		
15		(1)		1		
16	1		1			
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		2		1		
22		(1)		1		
23						
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48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.		18		18		
TOTAL CLAIMS	4	18	4	18		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS